

Radical Action Grants

Automatic Payment Authority

Please print, fill in and take to your bank.
Thank you for your support.

YOUR DETAILS

Title	
Address <small>First Name</small>	<small>Surname</small>
Suburb	Daytime contact phone number

AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT

PAYER DETAILS

Name of Bank	<input type="checkbox"/> This is a new authority <input checked="" type="checkbox"/>
Branch	
Address	
Name of Account	

ACCOUNT DETAILS

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details to appear on my/our bank statement*			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Particulars</small>	<small>*Please add your surname as the reference</small>	<small>Code</small>	<small>Reference</small>

DONATION AMOUNT AND FREQUENCY

First payment date	____/____/____	Last payment date	____/____/____	or until further notice (tick)
	Day Month Year		Day Month Year	<input type="checkbox"/>
FREQUENCY				
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____ <small>Specify other period</small>
AMOUNT				
Fixed amount	\$ <input type="text"/>	<input type="text"/>	Amount in Words	<input type="text"/>
Variable amount (tick one if applicable)	<input type="checkbox"/> Variable first amount	<input type="checkbox"/> Variable last amount		
Amount	\$ <input type="text"/>	<input type="text"/>	Amount in Words	<input type="text"/>

PAYEE DETAILS

Name of Bank	Branch		
Kiwibank Limited	155 The Terrace, Wellington		
Name of Account			
R A D I C A L A C T I O N G R A N T S			
Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details to appear on payee's bank statement			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Particulars</small>	<small>Code</small>	<small>Reference</small>	

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the bank accepts this authority only on the conditions set out over the page.

Signature	<input type="text"/>	Joint signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of those payments or for late payments or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which are incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payments by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

ALTERATION TO FIXED AMOUNT

Please alter the fixed amount of this transfer

As from: Day / Month / Year	Fixed amount: \$	Amount in Words:	Customer's Signature: Date: / / Day Month Year
As from: Day / Month / Year	Fixed amount: \$	Amount in Words:	Customer's Signature: Date: / / Day Month Year

FOR BANK USE ONLY

Date received

Day / Month / Year

Received by

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Checked by

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BANK
STAMP